

CLAIMS ONLY BEST AVAILABLE COPY

Application Number

09/141,210

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1				
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7	1	*	1			
8		1				
9		1		1		
10	1		1			
11		1		1		
12	1					
13		1		1		
14		1		1		
15	1		1			
16		1				
17	1	*	1			
18		1		1		
19		1		1		
20	1		1			
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50						
Total Indep	5		6			
Total Depend	16	←	13	←		
Total Claims	21		18			

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						